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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/454,223
	Filing Date	12/09/99
	First Named Inventor	Richard S. Kombluth
	Group Art Unit	1647
	Examiner Name	Seharaseyon, J.
Total Number of Pages In This Submission	Attorney Docket Number	SD9-003-1

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below):
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	FUESS & DAVIDENAS # 30,054
Signature	<i>William C. Fuss</i>
Date	06/15/01

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 06/15/01			
Typed or printed name		Joseph Davidenas	
Signature	<i>Joe Davidenas</i>	Date	06/15/01

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**FEE TRANSMITTAL**

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$) 195.00

**Complete If Known**

Application Number	09/454,223
Filing Date	12/09/99
First Named Inventor	Richard S. Kombluth
Examiner Name	Seharaseyon, J.
Group / Art Unit	1647
Attorney Docket No.	SD9-003-1

**METHOD OF PAYMENT (check one)**

- 1.
- ☐
- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number   
Deposit Account Name ☐ Charge Any Additional Fee Required Under 37 C.F.R. §§ 1.16 and 1.17 ☐ Charge the Issue Fee Set in 37 C.F.R. § 1.18 at the Mailing of the Notice of Allowance

- 2.
- ☒
- Payment Enclosed:

☒ Check ☐ Money Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
101 790 201 395		Utility filing fee	
106 330 206 165		Design filing fee	
107 540 207 270		Plant filing fee	
108 790 208 395		Reissue filing fee	
114 150 214 75		Provisional filing fee	

SUBTOTAL (1) (\$) 0

**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
<input type="text"/>	-20** = <input type="text"/>	X <input type="text"/>	= <input type="text"/>
Independent Claims	-3** = <input type="text"/>	X <input type="text"/>	= <input type="text"/>
Multiple Dependent		<input type="text"/>	= <input type="text"/>

\*\*or number previously paid, if greater; For Reissues, see below

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
103 22 203 11		Claims in excess of 20	
102 82 202 41		Independent claims in excess of 3	
104 270 204 135		Multiple dependent claim, if not paid	
109 82 209 41		** Reissue independent claims over original patent	
110 22 210 11		** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$) 0

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
105 130 205 65		Surcharge - late filing fee or oath	
127 50 227 25		Surcharge - late provisional filing fee or cover sheet	
139 130 139 130		Non-English specification	
147 2,520 147 2,520		For filing a request for reexamination	
112 920* 112 920*		Requesting publication of SIR prior to Examiner action	
113 1,840* 113 1,840*		Requesting publication of SIR after Examiner action	
115 110 215 55		Extension for reply within first month	
116 400 216 200		Extension for reply within second month	195.00
117 950 217 475		Extension for reply within third month	
118 1,510 218 755		Extension for reply within fourth month	
128 2,060 228 1,030		Extension for reply within fifth month	
119 310 219 155		Notice of Appeal	
120 310 220 155		Filing a brief in support of an appeal	
121 270 221 135		Request for oral hearing	
138 1,510 138 1,510		Petition to institute a public use proceeding	
140 110 240 55		Petition to revive - unavoidable	
141 1,320 241 660		Petition to revive - unintentional	
142 1,320 242 660		Utility issue fee (or reissue)	
143 450 243 225		Design issue fee	
144 670 244 335		Plant issue fee	
122 130 122 130		Petitions to the Commissioner	
123 50 123 50		Petitions related to provisional applications	
126 240 126 240		Submission of Information Disclosure Stmt	
581 40 581 40		Recording each patent assignment per property (times number of properties)	
146 790 246 395		Filing a submission after final rejection (37 CFR 1.128(a))	
149 790 249 395		For each additional invention to be examined (37 CFR 1.128(b))	

Other fee (specify) \_\_\_\_\_

Other fee (specify) \_\_\_\_\_

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 195.00

**SUBMITTED BY**

Typed or Printed Name William C. Fuess

Signature

Date 06/15/01

**Complete (if applicable)**

Reg. Number 30,054

Deposit Account User ID

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